ROLUL MANAGEMENTULUI STRATEGIC ÎN CREŞTEREA GRADULUI DE SATISFACŢIE A BENEFICIARILOR SERVICIILOR DE SĂNĂTATE

STRATEGIC MANAGEMENT ROLE IN INCREASING SATISFACTION FOR HEALTH SERVICES BENEFICIARES

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Abstract
In this paper I choose to approach this subject because I think the measure in which the beneficiaries of these services are satisfied represents, in fact, one of the best ways to measure the quality of provided services, of strategic management efficiency and is also a good way to identify the clients' complaints regarding in general all health services, whether is about the medical staff or the way the activities are organized.

***Keywords*:** health services, strategic manaement, patients satisfaction degree.

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Rezumat
În această lucrare am ales să tratez acest subiect deoarece consider că măsura în care beneficiarii acestor servicii sunt mulţumiţi reprezintă de fapt una din cele mai bune metode de evaluare a calităţii serviciilor oferite, a eficienţei managementului strategic practicat şi este o bună modalitate de identificare a nemulţumirilor pe care aceştia le au vis a vis de serviciile medicale per ansamblu, în legatură cu personalul medical sau cu modul de organizare al activităţii.

Cuvinte cheie: servicii de sănătate, management strategic, gradul de satisfacţie al pacienţilor.

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1. INTRODUCTION

In the field literature, and not only, we find numerous studies, research and articles, which are more or less interesting, with concerning results and proposals more or less relevant.

Although most countries, on which there have been done various studies and reports regarding health system performance and patient satisfaction, were having significantly higher GDP allocated to this area than Romania, not all recorded notable results. At international level there are few countries with effective healthcare system and therefore a performant strategic management (Netherlands, Switzerland).

So the question is what's new in this article? What aims to present and was not presented, discussed or investigated yet?

This paper seeks to bring into the attention of theorists and practitioners some issues the health system is facing when a poor strategic management is practiced, to analyze and come up with a series of practical recommendations.

An important aspect of health services is in my opinion the focus on identifying the status of the patient satisfaction for these services. I choose to address this issue because I think that measuring patient satisfaction is one of the best ways to evaluate quality of services and is a good way of identifying the grievances that patients have regarding overall medical services in connection with medical staff or the organization of work. On the other hand in this way patients can suggest new ways of action that should be taken to enhance their satisfaction.

The perception that patients have on public health services influences how they relate to the system. Thus, the more unhappy they are the more they will seek to find solutions to avoid, in a future situation, the contact with the public health system and they will often express their dissatisfaction with the knowledge, in this way influencing others to mistrust the system. Ministry of Health should follow through its actions to gain patient loyalty, to keep him close, to instill confidence and to assure him that his needs, desires and preferences are a priority.

World Health Organization (2009) points out that “Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. ...Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, staff, equipment and drugs are combined to allow the delivery of health interventions. Improving access, coverage and quality of services depends

on these key resources being available; on the ways services are organized and managed, and on incentives influencing providers and users."

2. STRATEGIC MANAGEMENT AND SATISFACTION OF BENEFICIARIES. LITERATURE REVIEW.

Authors Preker, McKee, Mitchell, and Wilbulpolprasert (2006, chapter 73, pp. 1339) claims the fact that "financial resources alone are insufficient for individuals to benefit from the opportunities presented by modern health care systems. Some countries have achieved much better levels of health than would be expected given their financial resources (as cited in Mehotra 2000); many examples of poor-quality care in countries at all levels of development reflect not only scarce resources but also inadequate management of what resources are available".

As examples two studies on Romanian public health policy (Vladescu et. al, 2008) (Todiraşcu V. 2011) show that 60,000 people die annually because of health waste (inefficient use of resources).

Every year "disappears" the equivalent population of a city size like Slobozia or Giurgiu, as the quote taken from page 6 of the presidential report for analysing and creation of public health policy, posted on www.prezidency.ro. From 3 RON collected from insurers, only one gets back to patient. The second one, does not reach the patient because it is used for paying taxes on the salaries of the health system human resources and VAT on goods purchased. And the third one, does not reach the patient, because is spent unnecessarily, due to that 'original effective" in the health system, composed of mismanagement, incompetence made of unnecessary equipment or collection fees, prescription drugs or unnecessary or unjustified treatments, prices up to 15 times higher in public auctions presented here http://www.tody.ro/document/RISIPA-SANATATE.

According to Todiraşcu Valeriu (2011) the package of the five measures he proposed if it would be approved and implemented now, next year at least one third of the money would be saved by the health system and redirected towards patients. Actions can be viewed at the following address http://www.tody.ro/document/RISIPA-SANATATE, page 14-17.

In Burduș and Androniceanu (2000) opinion one of the best ways of improving the quality of medical act and of the healt services is to organize and work better as a team, and also to implement informatic and communication technologies. New methods of collecting and prelucrating data reduces the time and the costs for these activities.

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Authors Vlădescu, Scîntee and Olsavszky (2008, pp. 34-37) presents the transition through which the Romanian healt system passed between 1989-2006. In chapter two they discuss about patient empowerment.

In Romanian health system the patient rights can be found in the Romanian Law 46/2003 on the Rights of the Patient and the fact that they respect the principles laid out in the Declaration of Patients' Rights in Europe launched by WHO. In other words:

- Patients have the right to be informed of the available health services, the health care providers' qualifications and the regulations regarding the functioning of the medical units; patients should be also informed of their health status in a polite, non-technical manner.
- Patients have the right to provide informed consent on the medical services they receive; the consequences of treatment denial should be explained tothe patient. Consent should also be obtained from the patient if he or she is involved in medical teaching or medical research; if the patient does not have the capacity to be involved in the decision-making process, consent should be obtained from his or her legal representative.
- Patients have the right to the protection of confidentiality of information regarding his or her health status, the treatment received and personal information. Patients also have the right to privacy concerning family or personal life, unless this interferes with treatment or the patient puts his or her life or the lives of others in danger.
- Patients have the right to health care, including palliative care; the services should be provided by accredited personnel or medical units, as close as possible to the patient's environment. Rationing of scarce resources should be done on medical criteria. When pregnancy puts the woman's life in danger, the woman's right to life prevails.

Law 46/2003 has provisions regarding the obligation of providers to display patients' rights in the medical units and states the obligation of health authorities to issue annual reports on compliance to patients' rights. Nonetheless, a recent survey revealed that many patients are still unaware of their rights (Centre forHealth Policies and Services, 2005). The rights of patients with mental health problems are stated by the Law on Mental Health Promotion and Protection of Persons with Psychiatric Disorders adopted in 2002 (Section 6.10). This law adopts the principles of the 1991 United Nations General Assembly Resolution 46/119 on the protection of persons with mental illness and the improvement of mental health care, including provisions for the use of the least-restrictive treatment option, confidentiality and informed consent. The law has a special section on the rights of personswith mental

disabilities, recognizing not only their health and health care rights but also all civil, political, economic, social and cultural rights as mentioned in the Universal Declaration of Human Rights, as well as in other international conventions and treaties in this field.

Patient choice

According to the health insurance legislation, patients have free choice of both health care providers and (until 2002) DHIF. If a person chooses a provider located in another locality, the travel costs should be covered by the insured. Patients have the right to change their family doctor after being registered for a period of six months if not content with the services received. The free choice of the health insurance fund has had no effect since 2002, when funds ceased to be collected locally and a single national fund (NHIF) was created. Free choice of provider is practised where the density of providers allows it and it is more common in cities. A survey on the opinion of patients with regard to health reform has revealed an increase in the quality of primary care servicesas a consequence of introducing free choice of primary care physician, which occurred as early as 1994 when free choice was introduced together with changing the payment method of the GP from salary to a mix of per capitaand fee for service in an eight- pilot district experiment (Institute of Hygiene, Public health, Health Services and Management, 1995). Patients cannot easily exercise the right to choose between family doctors in the countryside or hospitals in small cities, as in these situations there is usually a single provider. The choice is limited by the fact that if patients want to go to a provider from another locality they are required to pay for the travel costs.

Complaint procedures (mediation, claims)

Departments of public relations dealing with patients' rights and access to entitlements do exist in most public institutions. Within the structure of the health insurance funds there is a department of public relations that ensures public access to information and deals with the complaints of the insured. The claims are presented to specific departments depending on the nature of the problem raised. The public relation department has the task of following the process and communicating the decision to the patient. Public relations departments issue monthly reports on both the information requests and the complaints.

Patients can also address complaints to the Professional Jurisdiction Department of the District College of Physicians. The complaints are analysed in accordance with the Deontology Code and handled to the Professional Discipline Commission, which decides upon the sanctions. If the decision is contested or the doctor involved is a member of the District College of Physicians managerial team, the complaint is sent to the Superior Professional Discipline Commission of the national CoPh. Complaints addressed to

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the legal system are analysed in accordance with the Civil Code. The legal verdict prevails over the CoPh's decision.

Citizens can also complain directly to the Ministry of Public Health or to its DPHAs, where special departments do analyse the claimed issues. Usually those analyses investigate if rules and procedures were kept, and solutions have an almost exclusive administrative character. This kind of investigation does not interfere with the professional inquiry carried out by the professional associations.The above complaint processes are in place, although there is no available evidence on utilization or evaluation of the effectiveness of these schemes.

Patient safety and compensation

Professional liability for health services providers is regulated by the Health Reform Law (95/2006). The law statutes compulsory insurance for professionally ability for all health services providers in both the public and private systems. The insurance companies provide compensation for damages done to patients by health care providers. In the case of a patient's death, the compensation is provided to the patient's successors. Compensation includes the expenditure generated by a legal trial, which should be supported by both the damaged patient and the insured provider.

Patient participation/involvement

Important progress with patient participation in the health-policy decision-making process has been achieved during the last two years through the formalization of communication and cooperation with patients' associations in Romania. One step forward was Ministerial Order No. 466 of 2006, with subsequent modifications, that introduced the right of patient organizations to attend meetings of the special consultative committees of the Ministry of Public Health. At the same time, extensive consultations have taken place with the major umbrella patient associations: the Federation of Cancer Associations, the Federation of Diabetes Associations, the National Alliance of Associations for Rare Diseases, etc. Partnership agreements have been signed between the Ministry of Public Health and some of these umbrella associations with a view to working together for the development of the strategies (partnership with cancer associations to develop the National Cancer Plan, for example).

Starting in 1999, the Centre for Health Policies and Services has conducted periodic surveys on population opinion on the health sector. The survey conducted in January 2005 (Centre for Health Policies and Services, 2006) showed that the population was still not properly informed on their rights or other legislative provisions. Only 10% of the interviewed persons knew the size of the health insurance

premium as a percentage of their income and 79% did not know about the content of the basic benefits package.

In regards to satisfaction with health services, the 2005 survey showed that, in comparison to the previous years, the population perception on health services had worsened: 31% (versus 23% in 2003) considered the health system to be unsatisfactory and in need of major reforms.

The population was unsatisfied mainly with hospital services (37%), but to some extent also with family doctor services (19%), ambulatory services (9%) and emergency services (7%).

Patient satisfaction is achieved when its performance exceeds expectations. Patient satisfaction is an excellent criteria for measuring service quality, access, price (tariff) (Apetri, 2007). It also can be evaluated from the perspective of patients, how medical staff treat patients, respects their dignity. In this way the influence on patient care satisfaction is perceived in terms of interpersonal relations.

According to Vâlceanu D (2007) the main dimensions of patient satisfaction are: prompt to health needs, basic facilities of health services, access to social support network for individuals who receive health care and free choice of doctor and institution providing health services.

In 2008 European Institute for Public Administration presented other three determinating factors for patients satisfaction: mass-media image created for health services, discussions amoung politicians leaders on health system and national events, like wars.

However, to obtain higher satisfaction of patients, there are involved a number of elements (Chiru, 2006), such as the technical side of health care, interpersonal side of health care, accessibility to health care, availability of resources for care health care and continuity of health care.

Bleich, Özaltin and Murray (2009) in "How does satisfaction with the health-care system Relate to Patient Experience?" paper - wanted to highlight how satisfied are citizens with the health system from their country, bringing to the front a very important aspect, namely that although the health system in two countries is very similar and the results are almost identical, however, satisfaction of citizens is different. And a good example of this is Austria and Spain, although they are universally accessible systems, both publicly financed through taxes, yet only 10.8% of Spanish people were satisfied compared with 70.4% of the Austrian people.

Avis, Bond and Arthur (1997) in the article “Questioning patient satisfaction: An empirical investigation in two outpatient clinics” concluded that patient satisfaction in interpersonal relations is given by the following: a longer time allocated for questioning the patients, a focus on patient problems by doctors,

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medical staff interest for social and psychological problems of patients, encouragement by physicians, adoption of behavior based on suggestions from doctors and not on order, to allocate a greater period of time for communication, rather than to physical examination and and writing them on treatment sheet.

There are data showing that in developed countries satisfied patients adhere better to treatment, provide accurate information about their health and return to control when needed (Aharony and Strasser, 1993).

According to a study conducted by the Faculty of Sociology and ICCV, The polarization of health and education services as a source of impoverishment in the future (Mărgineanu, 2003-2005) beyond the issues regarding the low level of funding of the system, other distortions in the system are limiting quality, equity and accessibility of services, affecting the delay of solving health problems of population and the satisfaction which thye felt regarding the public health services in Romania during the transition, when socially disadvantaged populations increased, with economic difficulties of accessibility to medical services.

Seen as clients, patients are more sensitive to quality and value of the care act, and studies have shown that 7 out of 10 patients are willing to pay more to be seen by a doctor trained better. From this point of view providers understand the need for equality in health care. Also from the same perspective is encouraged the trend to know better the patients' needs.

As consumers, patients want to be informed by the physician before, during and after medical act occurs. William Osler stated that "patients appreciate more physician involvement in solving their problem, than the knowledge that he has." - this illustrates the importance of empathic relationship between doctor and patient nature. Quality health care depends primarily on the quality of care.

Patients can not appreciate the doctor's diagnosis, medical or surgical precision knowledge of it and that's because they are not qualified to make a correct assessment. This is why they rely on their intuition from that moment.

3. STUDY ON BUCHAREST CITIZENS SATISFACTION IN PUBLIC HEALTH SERVICES

3.1. RESEARCH METHODOLOGY

I chose this research topic because of different dialogues I had with people who have interacted with the medical system, on the one hand I found that there are many prejudices, and sometimes patients as people tend to exaggerate, and on the other hand, some doctors are far below expectations, that any patient should have from them. I also found it very interesting to watch how the attitudes, knowledge

and nonverbal behavior of physician affect/ influences how he is perceived by patients and how this perception affects patients' satisfaction they feel. Through the study I would like to clarify a number of assumptions related to the differences in approaches depending pactient age, ethnicity, financial strength, its' education.

I also consider that is important to observe how the doctor's satisfaction degree, its wellbeing have an impact on patient influencing its perspective on disease reporting. My wish is for this paper to come up with some benefits, such as:

Social impact

1. Citizens complains regarding different aspects of health care services will be identifyed;
2. 2.There will be discover new aspects that were not taken into account as ways of leading to satisfaction / dissatisfaction among patients;
3. Citizens will feel an important part in making decisions about health services;

Benefits

a. It will be known the current patients satisfaction degree regarding health services;
b. Improving quality of care, access and their price;
c. Citizens will have more confidence in the ability of decision makers to respond promptly to the needs and wishes of patients.

A first step in carrying out this study is to identify the assumptions on which I start the present research. So according to the documentation in the first chapter, the hypothesis outlined is that:

Factors with impact on patient satisfaction are:

1. Doctor – patient relation;
2. The difference between pacients perceptions and expectations about the quality of care provided;
3. Waiting time.

A second step is to identify research methods and techniques that I will use for this study. So the citizens' satisfaction survey on public health services was achieved by a quantitative method - that is - structured sociological survey and a qualitative method - participatory observation.

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I used structured sociological investigation because:

1) Together with observation it provides an overview of what people say and what they do.
2) It is a scientific method of investigation, often the only one available, of social life of an subjective universe - opinions, attitudes, satisfaction, aspirations, beliefs, knowledge, interests, etc.. – of individual and collective order (group).

Participant observation is appropriate for my study for several reasons:

1) It is one of the best of all research methods.
2) Provides detailed information for the researcher to discover the thoughts and feelings of the studied group.
3) Allows the researcher to get a sense of reality of the life group, enabling it to make sense of "the world" group of social reality without imposing preconceived ideas or expectations.
4) Capture of individual behavioral manifestations in conditions of normal life and activity.

Working tools chosed are closely related to working methods that I called (investigation and observation) and is reflected in the questionnaire and comment sheet. I chose as a working tool in the investigation questionnaire because: index increased response once establishing contact between the interviewer and the interviewee; allows for unconditional responses by others; can be done with any person, regardless of its cultural interpretation, reduces errors due to questionnaire items.

The main objective of this study is knowing the satisfaction that people feel regarding the medical services.

- After setting the general objective is necessary to define the sample. Thus, the study subjects are persons falling within the 18-65 years old, found near the major hospitals in Bucharest, during April 1 to May 30, 2010, between the hours 10.00-20.00.

In selecting the 604 people who represents the sample, I used stratified selection method by variables:

- Structure by gender (male 50% female 50%). I do not want to discriminate men and women, because I believe that gender opinion is just as important;
- - Age between 18 and 65. For research were excluded categories of people aged under 18 years who are deemed not to be representative of the beneficiaries of public services.

- Socio-professioanal. Socio-professional category is specified to depend on how much respondents understand the services offered by public health system and how is the satisfaction felt by them regardless of social status occupied.
- The level of education. I felt that I have to take inte account this variable in the study because considering the level of people's education they perceive and analyze different the problems they face.

3.2. RESEARCH RESULTS

The first question aimed at identifying the most important problems of the health system in Romania, most questioned appreciated that the financing is the most pressing problem, and indeed if we take into account the evidence, the Romanian health system is underfunded, the government allocating for health budget only 3.4% of GDP (2010) compared with EU where average is 6%.

Second place in importance according to respondents is the drug problem - and in this respect Romania is presented poorly, despite the fact that compared to other EU countries, Romania spents one of the largest percentage of health budget for drugs consumption of the population. The fact that there are no clear regulations in this area leaves room for interpretation in the pricing of medicinal products (for example it says that the price is established "usual" based on the price of certain countries, which left room for subjectivity and possible abuse) and therefore is necessary to revise these regulations for disposal of such formulations.

And in terms of co-financing drugs things are not better, drugs in Romania are offset to varying degrees, not takeing into consideration the paying capacity of each beneficiary (a patient can pay 10% or 50% of a drug value and another does not pay anything for a drug that worth hundreds or thousands of RON). This in growing the gap of inequalities between those who can afford and those who can not afford to buy the medicines they need. Romania would be preferable to follow the Great Britain model applying a single variant of netting.

And in third place in terms of assessing the problems that seriously affect the health system in Romania is bribery, unofficial payments and lack of doctors. And this is a painful reality, so to solve the problem of bribery, unofficial payments are needed official revenue growth of medical staff, which must be followed by measures such as: impose clear sanctions against those who accept informal payments and introduction of mechanisms to formalize some informal payments (with measures to protect disadvantaged groups and economic accessibility).

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Question 2: Do you think the Ministry of Public Health conducted sufficient public information campaigns on the prevention or treatment of diseases that affect a large percentage of people? Most appreciated negative, and according to statistics, Romania has the highest incidence of TB in the EU, and women in Romania have the highest rate of death from cervical cancer, the risk of death from this disease is over 10 times higher in Romania than in countries such as France or Finland and 3-4 times higher than in Slovakia or the Czech Republic, although this form of cancer is now preventable and easily cured by early detection. Do these data do not reflect in some way and lack of information campaigns conducted by the healthcare?

Better information for population regarding the measures should be taken to prevent certain diseases, lead to the adoption of relevant decisions (at least knowingly), possibly to restore health to the sick and even fewer increasing life expectancy of these people.

Question 3: on assessing organizational efficiency for patients receiving-programming (accessibility), respondents were dissatisfied, in Romania the physician scheduling problem is a matter so lightly treated by the doctor and patient, and this prospective patients arrive at the doctor's door to argue about the order of entry into the cabinet (who shall go first? - the person programmed that came on later, or the one who came early but was not programmed). So that the conditions offered by the health system and the low standard of living in recent decades have led gradually to a polarization in terms of access to health services, which come in long-term with consequences on the health of the population and in contradiction with the principles of social justice stated the health legislation.

When asked about the environment (No.4) in medical offices majority of respondents felt that this is appropriate. Ambience of the medical offices plays an important role in shaping the attitude that the patient will have to doctor. Cabinet of consultation is where he exposes his sufferings patient and physician that is the most important opportunity to establish the diagnosis and treatment, it is therefore essential to have a harmony of design in this room, so that none of the two not disturb the visual, olfactory, psychic surgery that any element of its decentralized from the main subject of their meeting.

In Question 5: What do you think about the technical equipment? High proportion of subjects responded that they are medium satisfied on this. This is not surprising given that despite efforts made by the Ministry of Public Health the medical equipment to replace the one in old Romanian hospitals, lack of funds or a mismanagement of existing resources, sit still very poorly in this area. Without proper medical equipment nither the medical act can not be of very good quality. Medical assessments are based on certain tests; ultrasounds involving the existence of special equipment, in their absence, doctors are unable to provide a correct diagnosis.

No.6 question: which refers to the number of medical staff in the Romanian health system, over 60% of respondents felt that it is too small to cope with the large number of patients. So the perception of citizens in this respect coincides with reality (Romania has about one third fewer medical staff per 1,000 inhabitants compared to EU average). Staff is not good because medial recognizes the country faces a massive migration to other countries of this community which offers a significant pay and working conditions more attractive to those from the health system in Romania (in terms of earnings at international level is considered a decent income of an average physician should be about three times national average earnings. In the year 2009 in Romania this report is for practitioners about 1.5 to 2 to win average wage per economy). Also thanks to inadequate medical staff motivation, reduced the attractiveness for entry into the system. That the state knows to keep healthcare professionals only major disadvantage is that unfortunately affects us all. The medical staff has a larger number of patiens in this conditions,, so they often get the situation where they do a lot of overtime work, the stress level is very high and the time required for each patient part is reduced. Insufficient medical staff is somehow reflected by the poor state of health indicators.

No.7 question: How do you think the attitude of medical staff in dealing with patients? Respondents felt that the attitude of doctors is very bad. Such behavior could be caused by the doctor accumulated fatigue, the stress going through it or even that it expects to meet additional patient. Such an attitude does nothing but ruin the doctor patient relationship. And the doctors to avoid this situation should reconsider their behavior.

Question No. 8: Given your experience, how satisfied are you with communication skills of medical staff? Respondents were satisfied showed average. This is because not all doctors are able to calmly explain to patients using an appropriate language, simple and concise to explain the problem they face.

To question No. 9 on the training of medical staff subjects responded more than 50% that they consider medical staff better and very well prepared. Medical staff training is important because it influences the quality of medical and health staff capacity to meet health needs of the population. As doctors are better prepared and equipped the chances to improve the health of the population is higher.

Question 10: Did you trust the doctor that treated you? 70% said they trust the doctor, this proceeding is also confirmed by a study of GfK Custom Research throughout Europe. Unlike Romanian (75%), most doctors have confidence in the Turkish citizens (93%) followed by Czechs (92%) and Dutch / Swedish equality (91%) and the Greeks have lower confidence (51%). Trust in physician training is closely related to them.

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Question 11: If you did not trust your doctor, what was the reason? most responded that inefficiency doctor prescribed treatment led to no longer have confidence in it and then influence on others played a significant role. This shows that most have formed this opinion by direct interaction with the doctor, so by their own experience and then by taking into account the assessments made by others. In other words people had confidence in the doctor until proven otherwise.

Question No. 12: You feel that you are treated differently (you pay less attention) by the physician through the following? - Sex, ethnicity, wealth, age - over 80% responded that they feel so discriminated against. Discrimination of any kind attacks the principle of fairness, which requires medical aid as needed, and reinforces the differences in population health status. Or considered as most discriminated against on grounds of financial situation, we can deduce that this attitude of dissatisfaction is caused by a doctor that he has his own opposite the financial situation. Being dissatisfied with the remuneration they receive is tempted to develop a hatred of the system and hence to its beneficiaries.

To question. 13 on: which is the most important source of information for the patient, the highest percentage indicated the Internet. Although the doctor should be the most important source of patient information related to diagnosis it, because he is best able to provide explanations and eventually it encourage the patient to make him see the disease on a positive note. But in today's society due to the large number of patients per doctor, this is difficult. Doctors are increasingly called for, and stress and fatigue. Therefore the patient is forced to seek additional sources of information, and the Internet is the most exploited of them.

When asked if the patient (no.14) was clearly explained, with appropriate information, why he should take drugs in the treatment recommended, more than half of respondents gave a negative answer. Stage when treatment is a peak in the doctor patient relationship. It is important for your doctor to be honest and provide information about disease patient using the right words, as simple as possible to the patient's system. The patient receives more information, explain the increase physician confidence in communication and relationship between the two is improved.

Question No. 15: If someone in your family or friend, wanted to speak with the doctor was able to do that? 60% responded positively, hence doctors have expressed this openness in communication from the patient's relatives. We know that family and friends are important factors that need to be taken in the recovery of a patient. Their moral support can hasten patient recovery, so the doctor has to be as honest with family members and give them tips about the attitude they should adopt to help the sick.

To question 16: Do you agree that in near future doctors and medical staff salaries to be paid by taking into account the quality and quantity of the medical services examinations? 65% responded positively.

Currently pay most health services provided in the health sector in Romania does not consider the performance of medical care, especially in the place where the most benefits are in hospitals. Both medical doctors and other staff are paid by salaries that take little account of the quantity and quality of medical services performed, in general, wage increases have occurred through the introduction of financial incentives that say very little about the work place health and related in which it takes place (first stability, isolated locations, bonuses based on work, etc..). Remuneration of doctors and health professionals in the quality and quantity of medical services would generate for a better relationship doctor – patient, would further empower doctors and finally the number of cases of people who die from medical negligence would fall significantly.

To question 17: What do you think about the initiative of the Ministry of Public Health to introduce co-payment? many were dissatisfied and a first explanation could be that revenues have decreased significantly already due to the economic crisis and such a measure would not only bring an even greater burden on the shoulders of citizens, and that there is so much corruption in institutions government determines its citizens to believe that money would not be used where really necessary. On realistic problem can be stated that co-payment system will be a reason to reduce visits to the doctor. If last year when there was the option for free general analysis were presented to half of the Romanian doctor, because of introduction of co-payment the Romanians health interest droped sharply.

To question. 18: Do you think that the 5.5% (contribution to health insurance) that you and off state of each income (wages, dividends, royalties) that we do by carrying out various activities (a measure recently introduced - so far stopped only 5.5% of salary) were used to improve the quality of services provided? 75% answered NO, what shows that people think corrupt authorities are unable to effectively manage public funds and the interest they have, regardless of their size.

To question. 19: What is your gender? most respondents were female, which shows that women are more open to such initiatives than men.

To question. 20: What is your age? Most of those who responded to this challenge are people over 30 years, which shows that young people still do not give enough importance to this subject. People over 30 have more interaction with the health care system because experience and are more attracted to the subject currently on study.

To question. 21: What is the last school graduated? more than half of the subjects had completed high school or a / college or a university or a vocational school which demonstrates that people are more concerned with aspects of their health and want the actions they carried out to make a difference in the functioning of the health system.

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Findings and analysis

The first discovery I made by analyzing the results of this survey was that the degree of satifacion of patients can be influenced by the relationship between salaries of doctors / medical staff and the quality / quantity of medical services performed, and that as physicians, being paid according to quality / quantity of medical services will pay more attention to medical care, will be more responsible, more interested in developing a good communication relationship with patients, so that the recommendations made by the actual number of patients interested in services offered it to grow. I believe that such a measure would generate benefits for both. Patients should be sure that doctors give their best interest that their problems to be resolved well, and doctors will be able to significantly increase their revenues.

The second discovery is the fact that although co-payment is common in many European countries (France - Euro 18 co-payment for procedures costing more than 91 euros, Germany - 10 euro / consultation in outpatient consultations per quarter or consecutive without reference, 10 euro / day of hospitalization up to a maximum of 28 days per year, 10 euro / day of hospitalization for recovery, rehabilitation services, Czech Republic (2008) - 2 euro / day of hospitalization, 2 euros for emergency services; Croatia (2005) - episode 7.5 euros for hospitalization, outpatient consulate 1.5 euros), Romanians are reluctant to apply such measures. On one side is normal to pay for health, to ensure improved quality of services received, but on the other hand distrust in public authorities to give up your health care services they provide and you focus attention on where there is a quality private - normal price.

The third finding is related to the fact that citizens have not felt any change for the better in terms of quality of care received, even if the State found that only 5.5% of wages are not enough health off and decided to apply this percentage of all revenue that a person made a month in various activities.

Comparison with previous findings

The first discovery is the fact that payment of physicians based on quality / quantity of medical services performed would conduct to improvement of citizens' satisfaction, and this is a sign that the current mode of payment of doctors rather take into account the conditions under which they work and less their professionalism, is not one that would cause them to be more responsible and more aligned with performance.

Co-payment is regarded with reluctance by citizens, and so at present are under high financial pressure. Healthcare authorities are trying to bring to the fore some strong arguments in support of this project such as clearly defining the basic package of medical services that you get through patient through the

additional health insurance, which occurs co-payment by paying of consultation, of treatment or hospitalization, will be removed any bribery (the system allows control of or failure to carry out a medical service, while the medical services are reported, but not made).

Regarding the 5.5% held before by the state only from wages for health contributions, people seemed to understand that the measure is necessary, but the fact that new authorities decided the application of the percentage of income each person in a month not thrilled at all the taxpayers, who saw the measure as an abuse and not as a way to improve quality of care, especially that this rule applies when big changes for the better in the health system were not made.

Integration in existing discoveries

In regard to the first discovery, about the fact that citizens' satisfaction may be influenced by the relationship between wages doctors / medical staff and the quality / quantity of medical services performed, this was not considered in the past so it would be a novelty a proposal that authorities should consider to improve the quality of care provided. And co-payment is a new element, which although applied in other states, it is not viewed kindly to us, given that people already pay a share of their income to health.

Accepting the hypothesis

In the study I started from a single assumption, namely that there are many factors that influence satisfaction that patients feel: relationship doctor – patient, perceptions and expectations of the difference between patients in relation to quality of care provided and the waiting time.

According to the interpretation of results from the questionnaire I found that all assumptions are confirmed. Thus the relation doctor - patient in all that I have taken into account (attitude, communication skills, profesional trainning) is essential in achieving a high degree of satisfaction among citizens. In the perceptions and expectations about the quality of patient care services offered I found differences between the two. Obviously expectations of patients from the Romanian health system that I perceive reality very close to existing as a weak, poorly funded, are much higher. Another aspect also found was that program-delivery system of organization is very poorly thought that people should wait at the door long enough to see the doctor longer and strife in the order in which to go for some of them programming and others have not, and this is a reason that the system is not woking by his organization supports poor.

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4. PROPOSALS AND CONCLUZIONS

4.1. PROPOSALS

In Romania it is necessary to continue growing and predictable financial resources allocated to health, including through multi-annual budgets generalization that can lead to imbalances recovery induced by decades of previous under-funding compared to the rest of the EU.

In Romania has to be developed a resource allocation system based on transparent criteria in health and medical records. To allocate resources among different types of services should be considered especially those services that can contribute most to reducing illness and low death rates avoided emphasis on allocation to primary care sector and the prevention and promotion services health, by encouraging the most effective forms of practice in these areas.

Romania should implement internationally recognized evidence-based guidelines, continuing education and commitment to medical institutions and medical professions to align with European health standards.

We need input and support payment mechanisms based on efficiency and quality of medical. DRG systems in hospitals that are funded by health insurance funds, allows recording medical maneuvers performed and the degree of complexity, so as to include a component reflecting the medical performance that can be achieved relatively quickly.

Development of quality assurance in health care by creating a program to improve the quality of health services to provide information about the quality of service delivery and aim for continuous improvement of quality of care. This quality system will evaluate and improve quality of care, will maintain and increase patient satisfaction, will demonstrate and streamline spending in the health system.

Reconfiguration of the health information system. Modern technology information and communication has the potential to radically improve the range and type of services and method of delivery for both professionals and the general public. Information and communication technology can provide rapid access to clinical and administrative records, while providing a wide range of information to support decision making. This system should be possible while creating a unique electronic medical record the patient's doctor to facilitate work.

Strengthening primary care in Romania by developing multidisciplinary primary care teams (general practitioners, nurses, midwives, social workers, nutritionists, dieticians, physiotherapists and administrative staff). Primary care is the appropriate framework to meet the 70% -80% of the needs of

health services. Integrated primary care services may have better results and can be more effective in terms of costs. If properly developed, primary care services can help prevent or reduce the conditions that may require further hospitalization.

Health care facilities (employer) should be involved in training medical personnel in the quality of Romanian medical insurance.

According to Popescu R.I., Corboș, R.A. (2011, p. 29) „cities are essential for the successful realization of the national governments' ambitions. Within these one can find support for the key principles that outline more and more government policies for cities. These policies include granting important public resources through programs that have an impact upon cities; a better recognition and a bigger concentration on the economic potential of cities and on political action's means that would encourage this capacity; a bigger availability to address regional disequilibrium; recognizing the importance of communities' sustainable development; an attention focusing on cities and regions and on the collaboration between them, as well as the desire to simplify and reduce the national requirements and constraints for the local and regional actors." We can observe today an increase of the urban population due to poverty from rural area and a low sustainable development because government policies are focusing especially on cities, rather than villages. Once with the growth of urban population, implicitly increases the number of patients alocated to a doctor. In these conditions the number of resources alocated to the authorities from these zones should increase.

In general, Romania needs to allocate more resources to compensate for the drugs reduces the population and increase its access to medicines. For example, low levels of compensation due to prescription drugs and the list is updated frequently, patients in Romania have come to pay more and more from year to year. In 2009 came to 41% co-payment from 38% in 2008 and 24% in 2007. In order to reduce inequities of access to medicines, we need to develop coherent policies in the field.

Increasing the salaries of doctors to stop massive migration phenomenon (the Government should declare state of emergency in Romania, because only the last four months by the three medical job fairs organized in Bucharest have left the country 10% of doctors and according to WHO if 2% of doctors have left the government to declare red alert). Of the 6,000 doctors who went abroad last three years, 80% are young doctors, aged up to 40 years.

Ministry of Public Health should take steps to encourage young teenagers to attend medical school because there is an aging doctors (57% of Romanian doctors have over 50 years, 27% were between 40 and 50, and 16 % have up to 40 years).

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Reducing inequalities of access to health services by the Ministry of Health adopted measures to attract doctors to rural areas (provision of facilities, granting of higher wages). Paradigm shift in Romania, medical error that almost charged offense while carrying out regulations to carry malpractice insurance use for its purpose, namely rapid compensation patients who have suffered.

It is necessary to develop a methodology for human resource planning involving the Ministry of Health, Ministry of Education, Youth and professional organizations responsible for continuing medical education and self-professions (the whole process of training of medical personnel under the control of different institutions, is fragmented and uncoordinated often. The number of students from the faculties of medicine is determined independently by the Ministry of Education, Youth and universities, without involvement of the Ministry of Public Health. Most often, this number - as the curriculum training - takes account of existing educational standards and more than real needs dictated by the characteristics of public health and professional skills necessary to improve it).

We have increased capacity to attract external funds, especially from the EU and especially in investment and infrastructure required, and this can be achieved only by working successfully with the central authorities at the local level, including the creation of new institutions to facilitate access to such funds. Creation of the Ministry of Public Health decision-making structures aspects of quality of care and patient safety.

Introduction of "telemedicine" (transposition distance of a medical activities) and "tele-assistance" (electronic support at home) that can bring specialized diagnostic and clinical expertise closer to the people, especially those in remote locations, thus the accessibility and responsiveness of health services.

5. CONSLUSIONS

Funding is seen by respondents as the most pressing issue from the questionnaire to the health system in Romania. The chapter involvement, in the opinion of citizens, health authorities are less interested in developing a solid relationship with them and not enough information campaigns conducted on the treatment or prevention of certain diseases. Hospital administration about the relationship - patients, many respondents felt that this is poor showing is unhappy with the receiving organization, scheduling patients, but instead were revealed pleased ambience of technical equipment and medical practices.

From the perspective of the doctor patient relationship, most respondents felt that the attitude of medical staff is not appropriate or communication skills are excellent, although professionally most medical staff are sufficiently trained. In other words the human relations aspects of the health professionals do not

meet the expectations of patients. And an explanation in this regard could be even fascination century techniques that made the doctor to use sophisticated methods unduly technical or multiple laboratory methods, which was at the expense of contact with the patient. The doctor became a kind of interpreter analyzes a robot doctor, mechanistic, a pseudosavant.

In terms of patient doctor confidence, most of them confessed that they trust their doctor, and the reason most often cited by those who responded negatively to this question is ineffective treatment prescribed.

Discrimination was also identified as a problem affecting the doctor patient relationship, and although they were taken into account many variables, one that has greater weight includes the financial situation.

The study showed that patients get information about a doctor's diagnosis, in particular the Internet and then consulting the physician with further questions, which shows on the one hand that patients feel the need to obtain additional information about the their disease and on the other hand the fact that doctors do not give due consideration to this issue.

According to research, patients described the average satisfied with the services of medical and quality system. Survey respondents are not delighted with the proposal made by the Ministry of Public Health to introduce co-payment system. Citizens are dissatisfied with the fact that although they pay 5.5% for health from each income in a month they still do not benefit from an improved quality of medical services.

Salaries of doctors in the quality and quantity of medical services is seen as a good idea that should be embraced by authorities in a position to implement.

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